CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction G	auide explains how to complete this form.	T THE TE (Lames Continued on Thoras)	8	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER	Ms Donna	V	OFFICE USE CIVE!	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Albus		Abilane City Secretary	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	ADIRBITE City obstation,	
OFFICEHOLDER MAILING			JUL 17 2017	
ADDRESS	1226 ANSON AVE A	bilenes X 19601		
Change of Address			Filed for Record	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(325) 660-8337		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	Mt	Receipt # Amount \$	
TREASURER NAME	Mr Myrick	R	Date Processed	
INAIVIE	NICKNAME LAST	SUFFIX		
	GloyNA		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS		A		
(Residence or Business)	36 Augusta Drive	Abllene,TX	7960lo	
(nesidefice of business)				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(325) 269-9300			
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign	
	January 13		treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	04/24/2017	TURQUOU OL- /	14 /2017	
		THROUGH	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoli Other		
		Description		
	05/06/2017 General	Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)	
		1	0 101.3	
		Aprilenchit	y Council Place 3	
			ı	
		1		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Donna A		5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		COMMITTEE CAMPAIGN TREASUREN ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 3890.52				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ - O -				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	^{HE} \$		
18 AFFIDAVIT			1 11 11		
aveuers	Danette Duna lotary Public State of	a p true and correct and includes all infor	rrjury, that the accompanying report is rnation required to be reported by me		
	My Commission Exp 05/19/2020		lues)		
	ID#519952-7	Signature of Cand	idate or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE	- 11			
Sworn to and subsc	ribed before me. t	by the said Donna Albus	, this the		
day of WWW	107	to certify which, witness my hand and seal of office.			
Vauellix	Julo	Danette Dunkap 4	Steam Pulilic		
Signature of officer a	dministering	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 DONNA Albus Campaign	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	* 3890,57
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COL	NTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		h
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Donna Albus Campaign	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
4/26	Paul L. Cannon 6 Contributor address; City: State; Zip Code	\$ 150.00
	2217 Shoreline Abilenc, TX 79602	
l .	pation / oco title (See instructions)	Surovik Suttle
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
4/20	Contributor address; City: State; Zip Code	100.00
	861 South 7th Munday, TX 7673 ation / Job title (See Instructions) Employer (See Instruct	
	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/5	Contributor address; City; State; Zip Code	\$ 150.00
	1577 Wildlife Trails Abilene, TX 7960	<u>L</u>
	ation / Job title (See Instructions) Employer (See Instruct rector of Development Disability	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPER	ADITURE CATE	GUNIES	FUH BUX 8(8)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/C		xpense Vages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense	
, , , , , , , , , , , , , , , , , , , ,		The instru	ction Guide explai	ns how to d	complete this form.		
1 Total pages Schedule F1			Albus Ca	M Dela	2	3 Filer ID (Ethic	s Commission Filers)
4 Date 4/27/17	5 Payeena	ame	nsultine	. •			
6 Amount (\$)	7 Payee ac		City; State; 2	ip Code	"		
52189.25	P.O.	Bex	5975 1	Abiler	ve, TX 791	408	
8	(a) Category	(See Categories	listed at the top of this :	schedule)	(b) Description		
PURPOSE				•		Iside of Texas, Complete S	
OF EXPENDITURE	Adve	ctisine	Expen	se		TX, afficeholder living	
			· · · · · · · · · · · · · · · · · · ·		Tiv. Ads		KRBC
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeho	lder name		Office sought		Office held
Date	Payee na	me					
5/1/2017	First	Fina	were) B	on K			
Amount (\$)	Payee ad	dress;	City; State; Z	ip Code			-
\$ 3.00	400	Pine	Street	Abı	lene, TX	77601	
	Category	(See Categories	listed at the top of this s	chedule)	Description		
PURPOSE		/-			Check if travel outs	ide of Texas. Complete Sci	nedule T.
OF EXPENDITURE	Acct	123 / 6	ENKING		Check If Austin,	TX, officeholder living e	xpense
	Ex	pense			Paper stat	rement A	دو
Complete ONLY if direct expenditure to benefit C/OF		ate / Officehok	der name		Office sought		Office held
Date	Payee na	me					
			DA =				
5/5/17	Tha	r0~5	RRØ				
Amount (\$)	Payee add	dress;	City; State; Zi	p Code			
\$ 250,00	849	East	Hury BC	A	oilene, TX	79601	
	Category	(See Categories !	isted at the top of this so	chedule)	Description		
PURPOSE	-				Check if travel outsi	de of Texas. Complete Sch	edule T.
OF EXPENDITURE	せしとろ	+ Exp	Dense		Check if Austin, 7	TX, officeholder living e	rpense
					vatch par	ty on dec	tion Night
Complete ONLY if direct expenditure to benefit C/OH		te / Officehok	der name	1	Office sought	1	Office held
	ATT	ACH ADDITI	ONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Oleon Omer ayrilor	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME DONNE Albus Co	empera N	3 Filer ID (Ethics Commission Filers)		
4 Date 5/5/17	5 Payee name New Beginnings 7 Payee address; City; State; Zip	,			
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
B 200,00	PO Box 4193 AL	ilenc, TX 79	608		
8	(a) Category (See Categories listed at the top of this sch				
PURPOSE	Advertising/Labor	Check if Austin	iside of Texas. Complete Schedule T. , TX, officeholder living expense		
EXPENDITURE	Expense	labor to	hang door flyers		
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
5/5/17	PINK Goose Media				
Amount (\$)	Payee address; City; State; Zip	Code			
541.25 Z60Z Barrow Street Abilenc, TX 79605					
	Category (See Categories listed at the top of this sch		LL JY O THE BANK T		
PURPOSE OF			side of Texas. Complete Schedule T. TX, officeholder living expense		
EXPENDITURE	Advertising		• •		
	texpense	acy comu	vercual video shoot		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Paves name				
5/15/17	A Simple + Clear M	arketing Age	ncy, Inc		
Amount (\$)	Payee address; City; State; Zip				
₱ 500,00	234 Pine Street	Ablene, TX	79601		
	Category (See Categories listed at the top of this sch		· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF	1	1 =	side of Texas. Complete Schedule T. TX, officeholder living expense		
EXPENDITURE	Advertising Exper	i i			
		website	Development for		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	4				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide expla	ins how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER N	AME DONNE Albus (n Smb	210 \	3 Filer ID (Ethics Commission Filers)
4 Date 5/31/17	15 Pavee na	st Financia	•	0	
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code		
5,00	400	Pinc Street	Abil	ene, TX 7	19601
8 PURPOSE	}	/ (See Categories listed at the top of this			utside of Texas. Complete Schedule T.
OF EXPENDITURE	Ber	IKING Expens	د	Check if Austin	n, TX, officeholder living expense
				monthly	Maintenance fee
9 Complete ONLY if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought	Office held
Date	Payee na	ime			
6/1/17	Fire	+ Finencial	Ban	K	
Amount (\$)	Payee ac	idress; City; State;	Zip Code		
\$ 3,00	400	Pine Street	r At	oclene, TX	79601
	Category	(See Categories listed at the top of this	schedule)	Description	
PURPOSE OF	כד	. W			side of Texas. Complete Schedule T. TX, officeholder (Iving expense)
EXPENDITURE	. Ban	_		Dance Sto	itement fee
	7	expense		paper 310	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date	Payee na	ıme			
le/30/17	Firs	+ Financial	Bar	K	
Amount (\$)	Payee ac				
2:00	400	Pine Stre	et /	Abilene,	TX 79601
		(See Categories listed at the top of this		Description	
PURPOSE OF	70	- 11/.514			side of Texas. Comptete Schedule T.
EXPENDITURE	DO	ENKING		Check ii Austin,	TX, officeholder fiving expense
	7	Expense		Monthly	maintenance fee
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
orms provided by Texas Ethi	ics Commissi	on www.ethl	cs.state.tx.us	s	Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Donna Albus Campaign 5 Payee name_ 4 Date First Financial Bank ress; City; State; Zip Code 7 Payee address; 6 Amount (\$) 400 Pine Street Abilene, TX 79601 300 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T, **PURPOSE** Ban King Check if Austin, TX, officeholder living expense OF EXPENDITURE paper statement fee Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date Six 27 Amount (\$) Payee address: City; State; Zip Code 500 Clark Road Abilenc, TX 79602 Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas, Complete Schedule T. **PURPOSE** Advertising __ Check if Austin, TX, officeholder (iving expense EXPENDITURE website management EXDENSE Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH I	NAME 2 ACCOUNT # (Ethics Commission Filers)				
3	SIGN	ATURE				
	report a	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a size a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	В,	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
		Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder				